DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 2525

FEB 13 1942

Registration District No. 408 Primary Registration District No. 5562 Registrar's No. 16

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Rural, Marion Township (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Co. Farm (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 Years (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. County Farm (If rural, give location)
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Blanch Goodrich
3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive ____ years
7. Birth date of deceased May (Month) 5 (Day) 1865 (Year)

8. AGE: Years 76 Months 8 Days 15 If less than one day ____ hr. ____ min.

9. Birthplace Brackles (City, town, or county) 4 Belgium (State or foreign country)
10. Usual occupation None
11. Industry or business None

FATHER
12. Name Leon Jean Babjiste DeLegniers
13. Birthplace Paris (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Eugenia Marie DeSooz
15. Birthplace Brackles (City, town, or county) 11 Belgium (State or foreign country)

16. (a) Informant County Farm
(b) Address Jasper Co Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 21 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Oak Hill Cemetery
18. (a) Signature of funeral director Knell Mortuary
(b) Address Carthage Mo.
19. (a) Jan. 20/1942 (Date received by local registrar) (b) E. J. McIntire, M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 20
year 1942 hour 10 minute 20 A.M.
21. I hereby certify that I attended the deceased from 12-1-41 to 1-20 1942
that I last saw her alive on Jan. 16, 1942
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonia	8 days
Due to: Arteriosclerosis - Generalized	Unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? No (e) Means of injury D

23. Signature E. J. McIntire (M. D. or other)
Address 304 Grant, Carthage Mo. Date signed 1-20-42

116-9

(Licensed Embalmer's Statement on Reverse Side)

42-1-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed John D Batchelder

Licensed Embalmer No. 4453

P. O. Address Carthage Miss.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

U. S. No. 2B
CM—8-21-41
I X29288

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(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State (b) County
(c) City or town
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Blanch Goodrich
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F | 5. Color or race W | 6. (a) Single, widowed, married, divorced W

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased May (Month) 5 (Day) 1865 (Year)

8. AGE: Years 76 | Months 8 | Days 18 | If less than one day hr. min.

9. Birthplace (City, town, or county) (State or foreign country)
10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant
(b) Address
17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation
18. (a) Signature of funeral director
(b) Address
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan Day 20
year 1942 hour minute M.

21. I hereby certify that I attended the deceased from ..., 19..; that I last saw h... alive on ..., 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to: Uremia	Unknown
Due to: Chronic nephritis	Unknown
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address Date signed 3-4-42

SUPPLEMENTARY